

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Solmerin, Ofelia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 366 Kapualani Street, Hilo, Hawaii 96720	Inspection Date: November 5, 2020 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. FINDINGS Resident #1, admitted on February 27, 2020 – two (2) level of care assessments (LOC) completed on February 25, 2020: <ul style="list-style-type: none"> • LOC #1 indicated 'ICF' • LOC #2 indicated "ARCH" <u>Please clarify with physician and submit a copy with your plan of correction (POC).</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>From admission & have to check all the documents given to her, make sure level of care is the right level of care. Before leaving the facility & have to check it.</i></p>	<p style="text-align: right;"><i>11/4/21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Right after you left I already checked and sent her 11, '20 I asked the Doctor Corradi to put an order of these 3 medication</i></p> <p><i>Aspirin 81 mg qd</i></p> <p><i>atorvastatin 10 mg qd</i></p> <p><i>Albuterol HFA (Ventolin) Inhaler</i></p> <p><i>PRN</i></p>	<p style="text-align: right;"><i>11/6/21</i></p>

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<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – physician order dated October 22, 2020 read, “D/C Dulcolax Suppository (Bisacodyl) Insert rectally as needed for constipation if no BM in 3 days.” However, medication was listed on the November 2020 medication record.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Before 2 to 3 days before the beginning of the next month I want to check the new BMAR from the current doctor's order before the new 2/19/21 month to make sure all DC needs are reviewed.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – no medication reevaluation between March 3, 2020 – October 22, 2020.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 – the following medications prescribed on March 3, 2020, was <u>not</u> listed on the March – June 2020 medication record as available: <ul style="list-style-type: none"> • “Acetaminophen Tab 325 md 2 tabs q4^e as needed for fever 100°F NTE 3 gms” • “Albuterol Sulfate Nebulizer Sol. 2.5 mg/1 vial 0.083% Inhale 1 vial orally q6^e PRN” • “Atorvastatin Cal Tab 10 mg 1 tab QHS” • “Aspirin 81 mg qd” • “Benzonate 200 mg 1 cap every 8^e as needed for cough” 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #1, admitted February 27, 2020 – 2 nd tuberculosis (TB) skin test administered 12/24/19 read "negative." However, no documented date of skin test reading. <u>Please submit a single step TB skin test with your POC.</u>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"> <i>Just Dec 11 I took Bruce to the Doctor and he did take PPD and I got the result on December 14 negative. Ohm I send a copy of the result.</i> </p>	<p align="center"><i>1/6/21</i></p>

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Licensee's/Administrator's Signature:

John Doe

Print Name:

OFELIA SOMMER

Date:

1/6/21

Licensee's/Administrator's Signature:

Opelia Solmerai

Print Name:

Opelia Solmerai

Date:

1/22/21

JAN 20 2021

Licensee's/Administrator's Signature:

April L. Laverie

Print Name:

APRIL L. LAVERRIE

Date:

2/19/21